

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 - 1 4

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) MedicaidTO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Main Plan- Pages 29 (03-14) and 29d (03-14)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Main Plan - Pages 29 (93-22) and 29d
(93-08)

10. SUBJECT OF AMENDMENT:

This amendment is needed to clean-up the Medical Assistance Eligibility
buy-in portion of the State Plan.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nelson J. Sabatini

13. TYPED NAME:

Nelson J. Sabatini

14. TITLE:

Secretary

15. DATE SUBMITTED:

July 18, 2003

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 West Preston Street, Suite 124
Baltimore, Maryland 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 21, 2003

18. DATE APPROVED:

*OCT 10 2003***PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley

21. TYPED NAME:

*Mary T. McSorley*22. TITLE: *Associate Regional Administrator
Division of Medicaid + Children's Health*

23. REMARKS:

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Maryland

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A and also for individuals dually eligible both as QMB's and Medicaid categorically or medically needy, by the following method:

 Group premium payment arrangement for Part A

 X Buy-In agreement for

 X Part A X Part B

 The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 03-14

Supersedes

Approval Date OCT. 10, 2003

Effective Date July 1, 2003

TN No. 93-22

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: Maryland

Citation

Condition or Requirement

1906 of the
Act

(c) Premiums, Deductibles, Coinsurance and
Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid co-payment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

☐

Yes

☒

No

1902(a)(10)(F)
of the Act

(d)



The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 03-14

Supersedes

Approval Date Oct. 10, 2003 Effective Date July 1, 2003

TN No. 93-8

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 4.22-C
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maryland

Citation	Condition or Requirement
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans

N/A

TN No. 93-8

Supersedes

Approval Date

APR 19 1993

Effective Date

OCT 01 1992

TN No. _____

HCFA ID: 7985E